|   |   |   |          |   |                  |      | Application or Docket Number |                        |                       |                            |   |  |
|---|---|---|----------|---|------------------|------|------------------------------|------------------------|-----------------------|----------------------------|---|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2004  |   |   |          |   |                  |      | 10 027,686                   |                        |                       |                            |   |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |          |   |                  | _    | SMALL ENTITY TYPE            |                        |                       | OTHER THAN OR SMALL ENTITY |   |  |
| FOR   | <b>l</b> .  | NUMBE                                     | ER FILED | NUMBER  | EXTRA            |      | RATE                         | ·FEE                   |                       | RATE                       | FEE   |  |
| BASIC FEE   |   |   |          |   |                  |      |                              | 395.00                 | OR                    |                            | 790.00                                      |  |
| TOTAL CLAIMS 20 = * (5)   |   |   |          |   |                  | Ħ    | x\$11=                       |                        | OR                    | x\$22=                     | 1 00300                                     |  |
| INDEPENDENT CLAIMS 3=   |   |   |          |   | lt               | x41= |                              | OR                     | <b>x</b> 82=          |                            |   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |          |   |                  |      | +135=                        |                        | OR                    | +270=                      | <u>-433 (75)</u><br>-                       |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |          |   |                  | L    | TOTAL                        |                        | OR                    | TOTAL                      |   |  |
| CLAIMS AS AMENDED - PART II   |   |   |          |   |                  |      |                              | :                      | , On                  |                            | THAN  |  |
| (Column 1) (Column 2) (Column 3)  |   |   |          |   |                  |      | SMALL                        | ENTITY                 | OR                    | SMALL                      | ENTITY                                      |  |
| AMENDMENT X   |   | REMAINING AFTER AMENDMENT                 |          | HIGHEST NUMBER PREVIOUSLY PAID FOR            | PRESENT<br>EXTRA |      | RATE                         | ADDI-<br>TIONAL<br>FEE |                       | RATE                       | ADDI-<br>TIONAL<br>FEE                      |  |
|   | Total   | •20                                       | Minus    | <del>-</del> 20                               | = 0              |      | x\$11=                       | Æ.                     | OB                    | <b>x</b> \$22=             |   |  |
|   | Independent   | • 3                                       | Minus    | - 3   | = Ø              |      | x41=                         |                        | OR:                   | <b>x</b> 82=               | 1 10 15 15 15 15 15 15 15 15 15 15 15 15 15 |  |
| /   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |          |   |                  |      | +135=                        |                        | OR                    | +270=                      | -   |  |
|   |   | (Column 1)                                |          | (Column 2)                                    | (Column 3)       | ·A   | TOTAL<br>DOTT, FEE           |                        | OR                    | TOTAL<br>DOIT, FEE         |   |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHEST - NUMBER PREVIOUSLY PAID FOR          | PRESENT<br>EXTRA |      | RATE                         | ADDI-<br>TIONAL<br>FEE | d'e perdementation in | HE AIN<br>RATE             | CADDI-<br>TIONAL                            |  |
|   | Total   | •   | Minus    | ** .  | =                |      | x\$11=                       |                        | OR:                   | <b>x</b> \$22=             |   |  |
|   | Independent   | •   | Minus    | ***   | =                |      | x41=                         | . <u> </u>             | OR                    | <b>x</b> 82=               | ¥   |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |          |   |                  |      | +135=                        |                        | OR                    | <b>+270</b> =              |   |  |
| (Column 1) (Column 2) (Column 3)  |   |   |          |   |                  | A    | TOTAL<br>DOTT. FEE           |                        |                       | TOTAL<br>ADDIT. FEE        |   |  |
| AMENDMENT C   |   | CLAIMS REMAINING AFTER AMENDMENT          |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR = | PRESENT<br>EXTRA |      | RATE                         | ADDI<br>TIONAL<br>FEE  |                       | RATE                       | ADDI-<br>TIONAL                             |  |
|   | Total A   |   | Minus    | 44  | =                |      | x\$11=                       |                        | OR                    | <b>x</b> \$22=             |   |  |
|   | Independent   | L:  | Minus    |   | =                |      | x41=                         | : -                    | OR                    | <b>x</b> 82=               |   |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |          |   |                  |      | +135=                        |                        | OR                    | +270=                      |   |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL  TOTAL  TOTAL  OR  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is than 3, enter "3."  ADDIT. FEE |   |   |          |   |                  |      |                              |                        |                       |                            |   |  |